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Bib Data Sheet

CONFIRMATION NO. 7163

SERIAL NUMBER 09/585,329	FILING DATE 06/02/2000 RULE	CLASS 345	GROUP ART UNIT 2776	ATTORNEY DOCKET NO. 723-749
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APPLICANTS

Martin Hollis, Cambridge, UNITED KINGDOM;
Anthony P. DeLaurier, Sunnyvale, CA;
Ferhad Fouladi, Palo Alto, CA;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 08/02/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 10	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>M. Hollis</i> Initials: <i>AD</i>				

ADDRESS

Nixon & Vanderhye PC
1100 North Glebe Road
8th Floor
Arlington, VA 22201

TITLE

Variable bit field encoding

FILING FEE RECEIVED 1214	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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Bib Data Sheet

CONFIRMATION NO. 7163

SERIAL NUMBER 09/585,329	FILING DATE 06/02/2000 RULE	CLASS 345	GROUP ART UNIT 2672	ATTORNEY DOCKET NO. 723-749
APPLICANTS Martin Hollis, Cambridge, UNITED KINGDOM; Anthony P. DeLaurier, Sunnyvale, CA; Ferhad Fouladi, Palo Alto, CA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/02/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and Acknowledged		STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 10	TOTAL CLAIMS 23
Examiner's Signature <i>M. Hollis</i> Initials <i>FD</i>		INDEPENDENT CLAIMS 7		
ADDRESS 23117				
TITLE Variable bit field encoding				
FILING FEE RECEIVED 1214	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	